

## MEMORANDUM

Agenda Item No. 7(M)(2)(F)

---

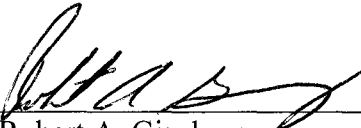
**TO:** Honorable Chairperson Barbara Carey-Shuler, Ed. D. **DATE:** October 19, 2004  
and Members, Board of County Commissioners

**FROM:** Robert A. Ginsburg  
County Attorney

**SUBJECT:** Resolution Authorizing Waiver  
of Fees and In-Kind for the  
National Alliance for Autism  
Research October 24, 2004  
Walk-A-Thon at Crandon Park

---

The accompanying resolution was prepared and placed on the agenda at the request of Commissioner Jimmy L. Morales.

  
Robert A. Ginsburg  
County Attorney

RAG/dc




# MEMORANDUM

(Revised)

**TO:** Hon. Chairperson Barbara Carey-Shuler, Ed.D.  
and Members, Board of County Commissioners

**DATE:** October 19, 2004

**FROM:**   
Robert A. Ginsburg  
County Attorney

**SUBJECT:** Agenda Item No. 7(M)(2)(F)

Please note any items checked.

- ☐ "4-Day Rule" ("3-Day Rule" for committees) applicable if raised
- ☐ 6 weeks required between first reading and public hearing
- ☐ 4 weeks notification to municipal officials required prior to public hearing
- ☐ Decreases revenues or increases expenditures without balancing budget
- ☐ Budget required
- ☐ Statement of fiscal impact required
- ☐ Bid waiver requiring County Manager's written recommendation
- ☐ Ordinance creating a new board requires detailed County Manager's report for public hearing
- ☐ Housekeeping item (no policy decision required)
- ☐ No committee review

Approved \_\_\_\_\_ Mayor

Veto \_\_\_\_\_

Override \_\_\_\_\_

Agenda Item No. 7 (M) (2) (F)

10-19-04

RESOLUTION NO. \_\_\_\_\_

RESOLUTION AUTHORIZING A WAIVER OF FEES AND IN-KIND SERVICES FROM THE MIAMI-DADE PARK AND RECREATION DEPARTMENT FOR THE NATIONAL ALLIANCE FOR AUTISM RESEARCH OCTOBER 24, 2004 WALK-A-THON AT CRANDON PARK IN AN AMOUNT NOT TO EXCEED \$9,161

**WHEREAS**, autism is a complex developmental disability that typically appears during the first three years of life; and

**WHEREAS**, autism affects 1 in 500 children and knows no racial, ethnic, or social boundaries; and

**WHEREAS**, autism affects the normal development of the brain in the areas related to social interaction and communication skills; and

**WHEREAS**, autistic individuals typically have difficulties with verbal and non-verbal communication and social interactions, often making it hard for them to communicate with others and relate to the outside world; and

**WHEREAS**, autism has no known cause and no known cure; and

**WHEREAS**, the national rate of children being diagnosed with autism is increasing dramatically; and

**WHEREAS**, the National Alliance for Autism Research (NAAR) was founded to fund, promote and support research into causes, prevention, effective treatment and eventually, cure of autism; and

**WHEREAS**, NAAR is holding walk-a-thons in various communities to reach its fundraising goal of \$300,000 in addition to increasing awareness of autism; and

**WHEREAS**, NAAR has requested use of the Park and Recreation Department showmobile and sound system in an amount not to exceed \$1,161 and a waiver of parking fees at Crandon Park in an amount not to exceed \$8,000 (See attached Fee Waiver/In-Kind Service Application); and

**WHEREAS**, the NAAR walk-a-thon is a County-wide event,

**NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA**, that this Board approves the provision of in-kind Park and Recreation Department services and a waiver of parking fees at Crandon Park for the October 24, 2004 NAAR walk-a-thon in an amount not to exceed \$ 9,161.

The foregoing resolution was sponsored by Commissioner Jimmy L. Morales and offered by Commissioner \_\_\_\_\_, who moved its adoption. The motion was seconded by Commissioner \_\_\_\_\_ and upon being put to a vote, the vote was as follows:

Dr. Barbara Carey-Shuler, Chairperson	
Katy Sorenson, Vice-Chairperson	
Bruno A. Barreiro	Jose "Pepe" Diaz
Betty T. Ferguson	Sally A. Heyman
Joe A. Martinez	Jimmy L. Morales
Dennis C. Moss	Dorrin D. Rolle
Natacha Seijas	Rebeca Sosa
Sen. Javier D. Souto	

The Chairperson thereupon declared the resolution duly passed and adopted this 19<sup>th</sup> day of October, 2004. This resolution shall become effective ten (10) days after the date of its adoption unless vetoed by the Mayor, and if vetoed, shall become effective only upon an override by this Board.

MIAMI-DADE COUNTY, FLORIDA  
BY ITS BOARD OF  
COUNTY COMMISSIONERS

HARVEY RUVIN, CLERK

By: \_\_\_\_\_  
Deputy Clerk

Approved by County Attorney as  
to form and legal sufficiency.



Mariela Martinez-Cid

5

**MIAMI-DADE COUNTY  
FEE WAIVER/IN-KIND SERVICES APPLICATION**

COUNTY FEE WAIVERS OR IN-KIND SERVICES REQUESTED THROUGH THIS PROCESS ARE NOT EFFECTIVE UNTIL APPROVED BY ACTION OF THE BOARD OF COUNTY COMMISSIONERS PURSUANT TO THE MIAMI-DADE COUNTY HOME RULE CHARTER

Please complete the following form and submit completed form along with requested materials, if applicable, to:

Special Events Staff  
Communications Department  
111 N.W. 1<sup>st</sup> Street, Suite 2510  
Miami, FL 33128

Phone: (305) 375-2836  
Fax: (305) 375-3868

Type of Event/Application (select one of the following):

- ☐ District Event - Event of minimal impact related to specific commission district (Complete questions 1-7, sign and date; copy will be submitted to the appropriate District Commissioner within two days of receipt of application.)
- ☐ Small Event - Event of minimal impact not necessarily related to a specific commission district. (Complete questions 1-7, sign and date.)
- ☐ Special Event - Event with expected attendance of less than 5,000 with localized impact limited to an individual community or municipality (Complete questions 1-12, sign, date and submit form no later than 60 days prior to event date.)
- ☐ Major Event - Large Event with expected attendance of over 5,000 or significant probability of protests, controversy, violence or vandalism (Complete questions 1-12, sign, date and submit form no later than 120 days prior to event date.)

1. Full legal name of the requesting organization:

NATIONAL ALLIANCE FOR Autism Research

2. Applicant Status: (Select one of the choices below)

- ☒ Not-For-Profit or Tax Exempt      ☐ Local Government or Public Entity  
☐ For-Profit  
☐ County Sponsored Event/Sponsoring Department \_\_\_\_\_  
☐ Other (specify): \_\_\_\_\_

3. Name and contact information for single point of contact (address, phone, fax, e-mail address, etc.):

Joclyn Merens  
2151 W. Hillsboro Blvd. Ste 303, Deerfield Beach, FL 33442  
954-421-9997 / FAX 954-421-1054; jmerens@naar.org

4. Specify fee waiver or in-kind service requested (quantity, if applicable):

1 Snowmobile, Sound System w/generator for power & microphones  
PARKING FOR 2000 cars

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries):

WALK F.A.R. FOR NAAR WALKATHON 10/24/04 SUNDAY. Purpose is to RAISE AWARENESS FOR Autism in the community & to provide AREA for people to come together in support of Autism Research & Raise money for NAAR Research grants.

6. Please select ALL that apply to event:

- ☐ Economic Development: Event supports vitality or growth of the local economy  
☒ Youth/Education: Event benefits youth of any age and/or offers educational benefits  
☒ Health and Social Services: Event supports health-related causes and/or social programs or institutions that improve quality of life within the community  
☐ Arts and Culture: Event supports music, theatre, literature, art or culture  
☐ Environmental: Event benefits environmental concerns or promotes conservation  
☐ Sports and Athletics: Event supports/promotes organized sports or recreational participation

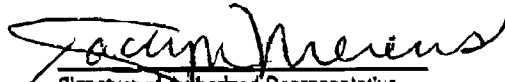
7. Physical address of event venues (please specify Commission District(s)):

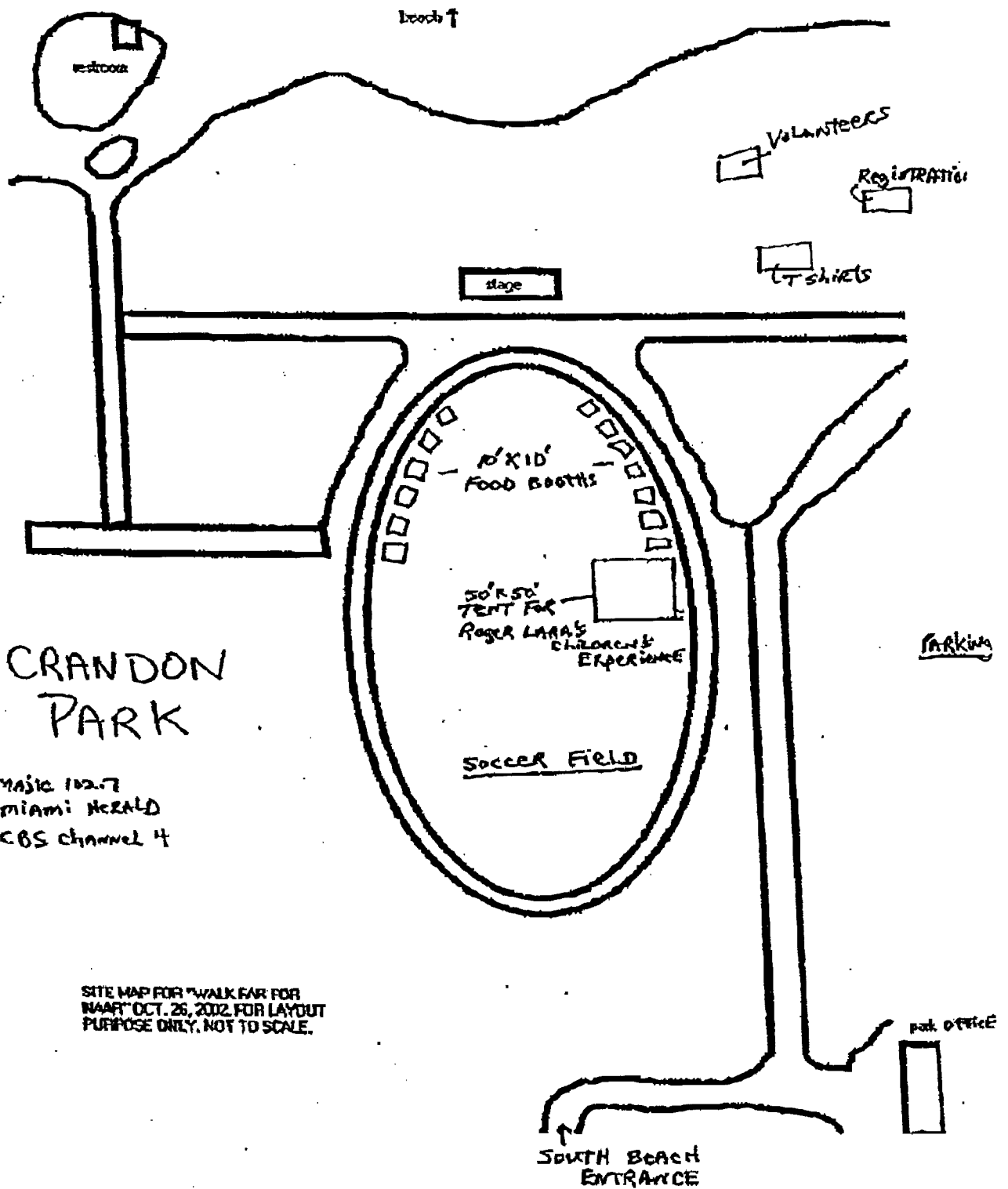
CRANDON PARK on Reg Biscayne

MIAMI-DADE COUNTY  
FEE WAIVER/IN-KIND SERVICES APPLICATION

8. Description of regional or local impact: RAISE AWARENESS IN THE COMMUNITY RE:  
AUTISM & COMMUNITY ~~SEE~~ RESOURCES AVAILABLE  
TO FAMILIES
9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable):  
5:00 am Set-up to 2:00 pm Breakdown
10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable):  
SEE ATTACHMENT A
11. Expected number of participants and estimated attendance (per day, if applicable): 3,000 - 5,000
12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed):  
SEE ATTACHMENT B

I hereby certify that all the statements made in this application are true and correct.

  
Signature of Authorized Representative  
8/11/04  
Date



A



①

## SPECIAL EVENT BUDGET

Detail fully the intended use, type of business and scope of operation:

### DETAILED REVENUE

Source	Price	Total Amount of Income
DONATIONS FROM		100,000.00
LOCAL + NATL CORPORATIONS		
ORGANIZATIONS + FAMILIES		
DONATIONS COLLECTED		400,000.00
FROM PARTICIPANTS.		
Total Revenue:		\$ 500,000.00

### DETAILED EXPENDITURES

Item	Total Amount of Expense
RENTALS FOR DAY OF WALK + Other Fees	4,000.00.
KICKOFF LUNCHEON + AWARDS RECEPTION	12,000.00
PRINTING OF MATERIALS (brochures, posters)	14,000.00.
MAILING, PHONE + FAX	5,000.00
MISC.	10,000.00
Total Expenses:	45,000.00
Net Income Expected:	\$ 455,000.00

### DETAILED IN KIND SERVICES

Item	Value of Contribution
FOOD, DRINKS, VEHICLES, TABLES, CHAIRS,	
ENTERTAINMENT, PUBLIC SERVICE ANNOUNCE-	
MENTS + NEWSPAPER PRESS.	
Total Value:	\$ 20-30,000.00

Describe the intended use of net income generated from this special event:

to fund research into the causes, better treatments + ultimately a cure for autism and its spectrum disorders.